

PATENT

Attorney Docket No. 0320-0020 (HOOV 120)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Michael D. Hooven

Serial No.: 10/015,476

Filed: December 13, 2001

Group Art No.: 3739

Examiner: Rosiland S. Rollins

For: TRANSMURAL ABLATION DEVICE

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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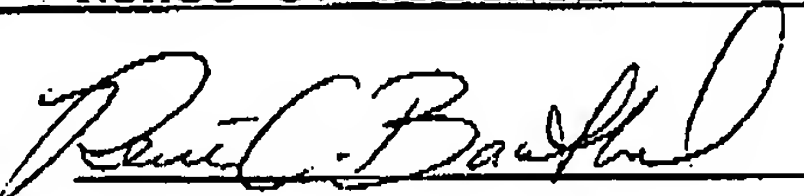
Date December 7, 2004

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NAME Renée C. BarthelSIGNATURE Certificate of Facsimile Under 37 CFR 1.10

I hereby certify that the correspondence listed below is being sent via facsimile to (703) 746-3371 on **December 7, 2004** to: Examiner S. Rollins, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1. Terminal Disclaimer to Obviate a Double Patenting Rejection Over a Prior Patent Form PTO/SB/26 (1 sheet);
2. Statement Under 37 CFR 3.73(b) Form PTO/SB/96 (1 sheet);
3. Power of Attorney to Prosecute Applications Before the USPTO Form PTO/SB/80 (1 sheet); and
4. Fee Transmittal Letter Authorizing Payment of Terminal Disclaimer Fee Form PTO/SB/17 (1 sheet);

Name: Renée C. BarthelSignature: 

PTO/SB/17 (10-03)

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<h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">for FY 2005</h2> <p style="text-align: center;"><i>Effective 10/01/2004. Patent fees are subject to annual revision.</i></p>		<b>Complete if Known</b>	
		Application Number	10/015,476
		Filing Date	December 13, 2001
		First Named Inventor	Michael D. Huoven
		Examiner Name	Rosiland S. Rollins
		Art Unit	3739
		Attorney Docket No.	0320-0020
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>\$55.00</b>			

<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)																																																																																																																									
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <b>50-1039</b> Deposit Account Name: <b>Cook, Alex, McFarron, Manzo</b> The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051 130</td><td>2051 65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052 50</td><td>2052 25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053 130</td><td>2053 130</td><td>Non - English specification</td><td></td></tr> <tr><td>1812 2,520</td><td>1812 2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>1804 920*</td><td>1804 920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805 1,840*</td><td>1805 1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251 110</td><td>2251 65</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252 490</td><td>2252 215</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253 980</td><td>2253 490</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254 1,530</td><td>2254 765</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255 2,080</td><td>2255 1,040</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401 340</td><td>2401 170</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402 340</td><td>2402 170</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403 300</td><td>2403 150</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451 1,510</td><td>1451 1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452 110</td><td>2452 55</td><td>Petition to revive - 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<b>SUBMITTED BY</b> Name (Print/Type): <b>Renee C. Barthel</b> Signature: <i>Renee C. Barthel</i>		Registration No. (Attorney/Agent): <b>48,356</b> Telephone: <b>(312) 236-8500</b> Date: <b>December 7, 2004</b>	
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